

L14000003191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400257354044

03/05/14--01009--011 \*\*25.00

FILED

14 MAR - 5 PM 4: 06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR - 6 2014

T. BROWN

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Home Help Services Tallahassee, LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Jessica Duncan  
(Contact Person)

Home Help Services Tallahassee LLC  
(Firm/Company)

PO Box 16351  
(Address)

Tallahassee, FL 32317  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jessica Duncan at (850) 877-4357  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
14 MAR -5 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**RESIGNATION OR DISSOCIATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Home Help Services Tallahassee LLC

2. The Florida document/registration number of this limited liability company is:

L14000003191

3. The date this member withdrew or will withdraw is: 3/1/2014

4. I, Adam Duncan, hereby resign as a MGRM  
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]  
Signature of Resigning or Dissociating Manager, Member

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)